Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, July 22, 2014 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Collens called the meeting to order.

Present:	Chairman Lewis M. Collens and Director Wayne M. Lerner (2)
	Director Ada Mary Gugenheim
Present Telephonically	Mr. Patrick T. Driscoll, Jr. (non-Director Member)
Absent:	Director Luis Muñoz, MD, MPH (1)

Chairman Collens stated that Patrick Drisoll was unable to be physically present, but was able to participate in the meeting telephonically.

> Director Lerner, seconded by Chairman Collens, moved to allow Patrick Driscoll to participate in this meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Krishna Das, MD – System Chief Quality Officer
Claudia Fegan, MD – Executive Medical
   Director/Medical Director Stroger Hospital
Anwer Hussain, MD – Provident Hospital of Cook
   County

Randolph Johnston –System Associate General
   Counsel
Deborah Santana – Secretary to the Board
John Jay Shannon, MD –Chief Executive Officer

II. Public Speakers

Chairman Collens asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from System Chief Quality Officer

A. Regulatory and Accreditation Updates

Dr. Krishna Das, System Chief Quality Officer, presented the following report.

Dr. Das provided an update on The Joint Commission's survey of the Ambulatory and Community Health Network of Cook County (ACHN) that was performed in March. Plans for improvement were submitted to The Joint Commission; they have reviewed and accepted those, and have given ACHN a full accreditation for the next three years.

III. **Report from System Chief Quality Officer**

    A. **Regulatory and Accreditation Updates (continued)**

Dr. Das provided an update on the United States Department of Justice's (DOJ) evaluation of Cermak Health Services of Cook County (Cermak). Under the Agreed Order, biannual evaluations are performed by DOJ surveyors; in May, six surveyors were present for a full week as part of their biannual visit. The surveyors looked at every aspect of Cermak including operations, nursing, medical, physical plant, etc. There are thirty-one different areas in the DOJ Agreed Order. Cermak was found to be in substantial or partial compliance in all of them; it was not found to be non-compliant in any of the areas. The major areas mentioned staffing issues; leadership updated the surveyors on the staffing plans, and the surveyors found this acceptable. There were issues relating to access to care that were linked to the staffing that was felt by the surveyors to be a priority to address. There were issues relating to space and space utilization; those corrective actions are underway. Additionally, their review of the policies found that there is a need to update the policies – the policies are essentially okay, they just need some revision and updating. Together with the policies, it was recommended to also institute disease management plans for some of the commonly seen diagnoses; actions are definitely underway to address that matter. The surveyors were extremely positive about the System's support at Cermak – they felt that was a positive direction. They were happy that a permanent Medical Director had been named, and they felt that considerable progress had been made in a couple of different areas, including mental health.

    B. **Publicly Reported Ratings**

There was nothing to report on this matter at this time.

    C. **Introduction of proposed Patient Safety Plan – Stroger Hospital** (Attachment #1)

Dr. Das provided an overview of the Introduction of the proposed Patient Safety Plan for Stroger Hospital, which included information on the following topics: Purpose and Goal of the Plan; Current Regulatory Environment; Approach; Objectives, Goals and Measurement Tools; Analysis and Reporting of Events; and Evolution to a Safety Culture. The Committee reviewed and discussed the information.

Dr. Das stated that this is an introduction to presenting the first formal patient safety plan. In the past, the administration has presented a quality assessment performance improvement plan, which is a regulatory requirement from the Centers for Medicare and Medicaid Services (CMS); patient safety had been included as part of that plan. Presenting a separate patient safety plan will be beneficial to highlight the patient safety issues, as well as help focus thinking about patient safety issues. She noted that, when the administration moves forward with a new quality assessment plan, the patient safety plan will be an appendix to it. The administration is going through the process of reviewing the draft plan with the medical staff and internal quality committees; once the final plan is ready, it will be presented to the Board for approval.

Director Lerner inquired whether America's Essential Hospitals puts out anything like a benchmark dashboard for safety net institutions. Dr. Das responded affirmatively; she noted that the System is engaged in a collaborative with them. There is a hospital engagement network to improve patient safety, called Partnership for Patients; this is a CMS-funded initiative to improve patient safety throughout the institution. The System submits its data to them, and they benchmark it against other safety net hospitals.

III. Report from System Chief Quality Officer

C. Introduction of proposed Patient Safety Plan – Stroger Hospital (continued)

In response to a question whether the System is a member/participant in either The Advisory Board or University Healthsystem Consortium (UHC) to access benchmarking tools and analytics, Dr. Das stated that the System has access to submit data to UHC; it does not have access to the full dashboard that they provide, but they have access to a subset of that dashboard. Staff is in the process of finalizing the setup of that to get the data to UHC. She noted that UHC is not going to benchmark the System against the entire UHC group, but will benchmark against the America's Essential Hospitals group. Dr. Shannon provided additional information. He stated that, later in her presentation, Dr. Das will be providing information about an event reporting system that was recently put in place – that is a UHC product. However, the System is not a member of UHC's entire suite of services; similarly, the System does not currently have a membership with The Advisory Board for that purpose. It has engaged The Advisory Board for some organizational development with physician leadership, but has not bought into the entire suite of services. Going forward, this is a subject that will need to be strategically considered.

The Committee discussed staff training and education, in relation to reporting of events. Dr. Das stated that the administration has done some education of staff, but it needs to penetrate further into the organization. A lot of it has been addressed towards management staff, because it is really their behavior that will drive the reporting. The System needs to get to a critical mass in training; there needs to be enough people speaking the same language for it to become a true cultural shift. There is a training package that is used in the Leadership Development Program and with the medical staff. Training has taken place with basically all of the medical departments and residency programs, and this is standard training for all new interns coming into the System. Additionally, there have been discussions regarding expanding this training and education to all employees as they come into the organization.

The Committee briefly discussed the subject of CountyCare and quality and patient safety dashboards. Dr. Das stated that the administration has had extremely preliminary discussions on the subject and just received some guidance from the State about the Managed Care quality indicators; they are starting to work to address that subject.

IV. Action Items

A. Minutes of the Quality and Patient Safety Committee Meeting, June 24, 2014

Director Lerner, seconded by Chairman Collens, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of June 24, 2014. THE MOTION CARRIED UNANIMOUSLY.

B. **Medical Staff Appointments/Re-appointments/Changes (Attachment #2)

Director Lerner, seconded by Chairman Collens, moved to approve the medical staff appointments/reappointments/changes. THE MOTION CARRIED UNANIMOUSLY.

C. Any items listed under Sections IV, V and VI

V. **Recommendations, Discussion/Information Items**
  A. Reports from the Medical Staff Executive Committees
  i. Provident Hospital of Cook County
  ii. John H. Stroger, Jr. Hospital of Cook County

Dr. Ozuru Ukoha, President of the Executive Medical Staff (EMS) of John H. Stroger, Jr. Hospital of Cook County, was unable to attend the meeting due to a work-related conflict that arose.

Dr. Anwer Hussain, President of the EMS of Provident Hospital of Cook County, presented his report.

Dr. Hussain stated that Provident Hospital is currently within the window of time for the surveyors from The Joint Commission to arrive anytime. He added that staff recently went through a mock survey exercise; the issues that were identified during the mock survey are being rectified by the hospital.

Dr. Hussain stated that there is a subset of EMS members who are looking to create a board certification policy. He noted that they are in the very preliminary stages of review and discussion; it is hoped that if and when this policy gets approved by the medical staff, that it will be brought to leadership in order to potentially work towards creating a unified policy for the System. Dr. Claudia Fegan, Executive Medical Director/Medical Director Stroger Hospital, provided additional information. She stated that, at Provident Hospital, their Medical Staff Bylaws allow that each department can establish their own individual rules and regulations, so different departments have different language regarding board certification. Most departments have eliminated the term "board eligible," and most departments at Stroger Hospital require board certification.

VI. **Closed Meeting Items**
  A. **Medical Staff Appointments/Re-appointments/Changes
  B. Litigation Matter(s)

The Committee did not recess the open meeting and convene in a closed meeting.

VII. Adjourn

As the agenda was exhausted, Chairman Collens declared that the meeting was ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX
Lewis M. Collens, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

ATTACHMENT #1

CCHHS Patient Safety Plan

CCHHS Board Quality and Patient Safety Committee

July 22, 2014

Krishna Das, MD, Chief Quality Officer

Purpose and Goals of the Plan

The patient safety plan creates a foundation for improving patient safety through:

- A standardized method of categorizing events
- The implementation of advanced measurement tools for identifying adverse events
- Proactive approaches to reduce harm and adverse events
- The development and maintenance of a positive patient safety culture
- A governance structure that elevates communication throughout the organization and ensures accountability for the established patient safety priorities.

The plan aligns with expert and regulatory organizations

- Institute of Medicine
- Institute for Healthcare Improvement
- CMS (Centers for Medicare & Medicaid Services)
- Joint Commission
- AHRQ (Agency for Healthcare Research and Quality)
- NQF (National Quality Foundation)

Current Regulatory Environment

- **State of Illinois** – Adverse Health Care Events Reporting Law of 2005 to be enforced with Hospital Licensure Fund (HB 1322) signed last month

- **NQF Serious Safety events**– list of events felt to be most serious, requiring investigation and reporting

- **NQF Safe Practices** – structural measures to increase patient safety

- **Leapfrog Group** – bases hospital grade on NQF practices and safety outcomes

- **CMS** – abstracts adverse outcomes from claims data and reports this publicly on Hospital Compare

- **Joint Commission** – favors reporting of sentinel events and requires detailed root cause analyses

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The Patient Safety Plan

CCHHS is committed to a comprehensive approach to ensuring patient safety and quality, including developing a culture of safety that includes an organization-wide commitment to continuous learning.

- The Patient Safety Plan places less focus on events, errors and outcomes, and more focus on risk, system design and the management of behavioral choices.

- The Patient Safety Plan and all related activities are conducted in a manner consistent with the CCHHS mission and with the organization-wide performance improvement activities.

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Approach

The success of the Patient Safety Plan is dependent on understanding and answering:

1. Are we focused on the right things?

2. Are we doing things right?

3. How can we be certain that we do things right the first time, every time?

Objectives of the Safety Plan

- **Create systems** that anticipate errors and either prevent or catch them before they cause harm;
- **Establish structures** for reporting and a process for managing reports in the event reporting system;
- **Develop a culture of safety** where providers feel safe and supported when they report medical errors or near misses and voice concerns about patient safety;
- **Establish safety priorities and targets**; and
- **Charter safety programs** through teams, workgroups or projects.

The Objectives, Goals & Measurement Tools

Patient Safety Dashboard I

PERFORMANCE MEASURES	DOMAIN¥	DATA SOURCE	MEASURE ORIGIN
Leadership Expectations & Actions Promoting Safety	S	Culture of Safety Survey	AHRQ*
Leadership Support for Patient Safety	S		
Staffing	S		
Handoffs & Transitions	S		
Teamwork within Units	S		
Teamwork across units	S		
Non-punitive Response to Error	S		
Feedback & Communication about Error	S		
Culture of Safety Leadership Structures & Systems	S	Leapfrog Safety Survey	NQF*
Culture Measurement, Feedback, & Intervention	S		
Teamwork Training & Skill Building	S		
Identification and Mitigation of Risks & Hazards	S		
Nursing Workforce	S		
Medication Reconciliation	S		
Hand Hygiene	S		
Care of the Ventilated Patient	S		
CPOE	S		
ICU Physician Staffing	S		
National Patient Safety Goals			
Identify Patients Correctly	P	Cerner, Meaningful Use	TJC*
Medication Reconciliation	P		
Use Alarms Safely	P		
Handwashing Compliance	P		

¥ Domain: S = Structure, P = Process, O = Outcome

* AHRQ: Agency for Healthcare Research & Quality
NQF: National Quality Forum
TJC: The Joint Commission
CMS: Centers for Medicare & Medicaid Services
CDC, NHSN: Centers for Disease Control, National Healthcare Safety

Patient Safety Dashboard II

PERFORMANCE MEASURES	DOMAIN¥	DATA SOURCE	MEASURE ORIGIN
Hospital Acquired Conditions (HACs)			
Foreign Object Retained	O	Cerner, Administrative Reports	CMS*
Air Embolism	O		
Pressure Ulcer (Stage 3 and 4)	O		
Falls and Trauma	O		
Hospital Acquired Infections (HAIs)			
CLABSI	O	CDC, NHSN*	CMS
CAUTI	O		
SSI	O		
VAP	O		
Patient Safety Indicators (PSIs): VBP Measure			
AHRQ PSI-90 Patient Safety for Selected Indicators (Composite) ^	O	CMS	AHRQ*
PSI 4: Death Among Surgical Inpatients	O	Cerner, Administrative Reports	
PSI 6: Iagrogenic Pneumothorax	O		
PSI 11: Postoperative Respiratory Failure	O		
PSI 12: Postopertaive PE/DVT	O		
PSI 14: Postopertiave Wound Dehiscence	O		
PSI 15: Accidental Puncture or Laceration	O		
Other			
Overall Perceptions of Safety	O	Culture of Safety Survey	AHRQ
Hospital Wide Oversight Committee	O	Internal	NA
Mortality Report	O	Internal	CMS
Readmission Report	O	Internal	CMS

¥ Domain: S = Structure, P = Process, O = Outcome

* AHRQ: Agency for Healthcare Research & Quality

NQF: National Quality Forum

TJC: The Joint Commission

CMS: Centers for Medicare & Medicaid Services

CDC, NHSN: Centers for Disease Control, National Healthcare Safety

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Data and Measures

Data helps us make the right decisions, particularly when patterns and trends are observed, using various measurement strategies.

Measurement Strategies	Advantages	Disadvantages
Retrospective Chart Review	Considered the "gold standard" due to ability to obtain rich detailed clinical information.	Costly, labor-intensive, and consists only of a retrospective review.
Voluntary Event Reporting System	Useful for internal quality improvement and case-finding, highlights adverse events that providers' perceive as important.	Capture small fraction of adverse events, retrospective review only based on provider self-reports, no standardization or uniformity of adverse events reported.
Automated Surveillance	Can be used retrospectively or prospectively, helpful in screening patients who may be at high risk for adverse events using standardized protocols.	Need electronic data to run automated surveillance, high proportion of "triggered" cases can be false positives.
Administrative/Claims Data	Low-cost, readily available data, useful for tracking events over time across large populations, can identify "potential" adverse events.	Lack detailed clinical data, concerns over variability and inaccuracy of ICD-9-CM codes across and within systems, may detect high proportion of false positives.

Event Reporting- eMERS

Classification of Safety Events

Type	Category	Contributory Factors
Medication	Organization and Management	• Financial resources and constraints • Policy standards and goals • Safety culture and priorities
Surgical	Work Environment	• Staffing levels and mix of skills • Patterns in workload and shifts • Design, availability, and maintenance of equipment • Administrative and managerial support
Diagnostic	Teamwork and Communication	• Verbal communication • Written communication • Supervision and willingness to seek help • Team leadership
Human Factors	Individual staff member	• Knowledge and skills • Motivation and attitude • Physical and mental health
Transition and Handoff	Task	• Availability and use of protocols • Availability and accuracy of test results
Healthcare-Associated Infection	Patient	• Complexity and seriousness of condition • Language and communication • Personality and social factors

Degree of harm: A (latent) to I (death)

Category I: An error occurred that may have contributed to or resulted in the patient's death

Category A: Circumstances or events that have the capacity to cause error

Category B: An error occurred but the error did not reach the patient (An "error of omission" does reach the patient)

Category H: An error occurred that required intervention necessary to sustain life

Category G: An error occurred that may have contributed to or resulted in permanent patient harm

Category C: An error occurred that reached the patient but did not cause patient harm

Category F: An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization

Category E: An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention

Category D: An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient and/or required intervention to preclude harm

No Error
Error, No Harm
Error, Harm
Error, Death

Analysis and Reporting of Events

Analysis of Events

- All reported events or those identified by trigger tools are reviewed by quality staff
  - Events with significant harm scores or which meet specific criteria (ie sentinel events) are referred for further analysis
  - eMERS events are reviewed by management
  - Hospital acquired conditions receive initial review in committee
- Analysis of events
  - Root Cause Analyses (RCA)
  - Departmental Oversight Committees
  - Departmental M&Ms and case discussions
- Formal RCA is required for Joint Commission and IDPH reporting
- Remediation by interdisciplinary teams or departmental initiatives

Review of eMERS Reported Events

Managers can:
- View and edit the event report
- Read and audit other manager reviews
- Consult with managers
- Enter and 'submit' their own reviews commenting on contributing factors and corrective actions
- Attach documents

Q/R Managers can:
- Unsubmit a report
- Reject/Delete a report
- Document Harm Score
- Close a report
- Submit reports to the PSO

Timeline

Review

Event Submitted in e-MERS

≤ 48 Hours

Initial Manager(s) Review

Consultant Review (if applicable)

14 Days

Quality/Risk (Q/R) Manager(s) Review

30 Days

Submission to PSO
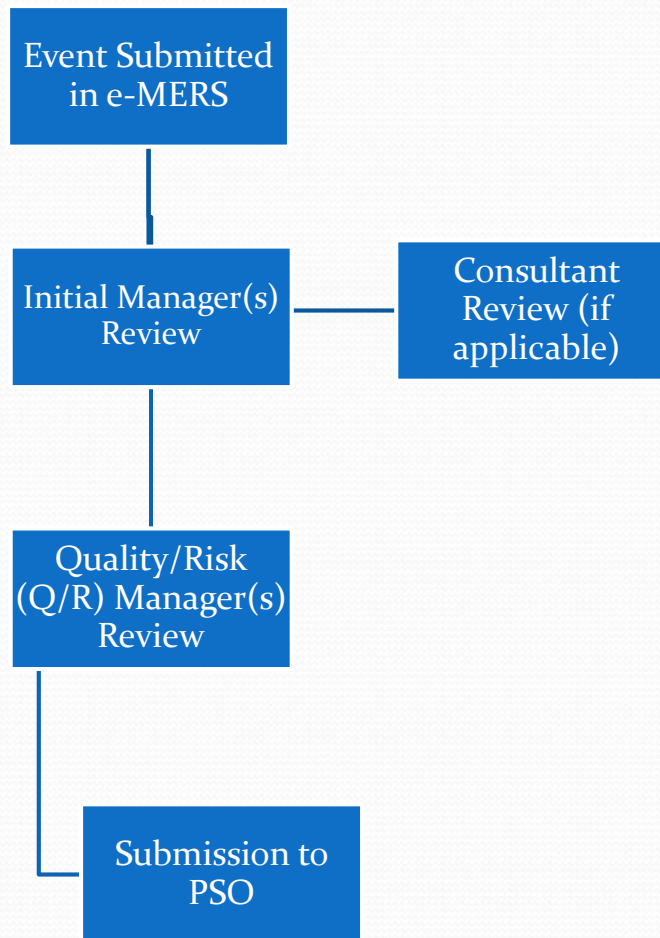
Reporting: Internal and External

- Internal reporting
  - Hospital Wide Oversight Committee
  - Executive Medical Staff
  - Patient Safety Council
  - Hospital Quality Improvement and Patient Safety Committee
  - Board of Directors Quality and Patient Safety Committee
- Departmental Presentations
  - External reporting
  - Sentinel event reporting (Joint Commission- as required)
  - IDPH (NQF events – details to be specified)

Overview of Quality Reporting

Board of Directors CCHHS

Board Quality & Patient Safety Committee

Executive Medical Staff Stroger Hospital

Hospital Quality Improvement & Patient Safety Committee

Hospital Wide Oversight Committee

Patient Safety Council

Medical Departments

'Hospital' Committees

'Departmental' Oversight Committees

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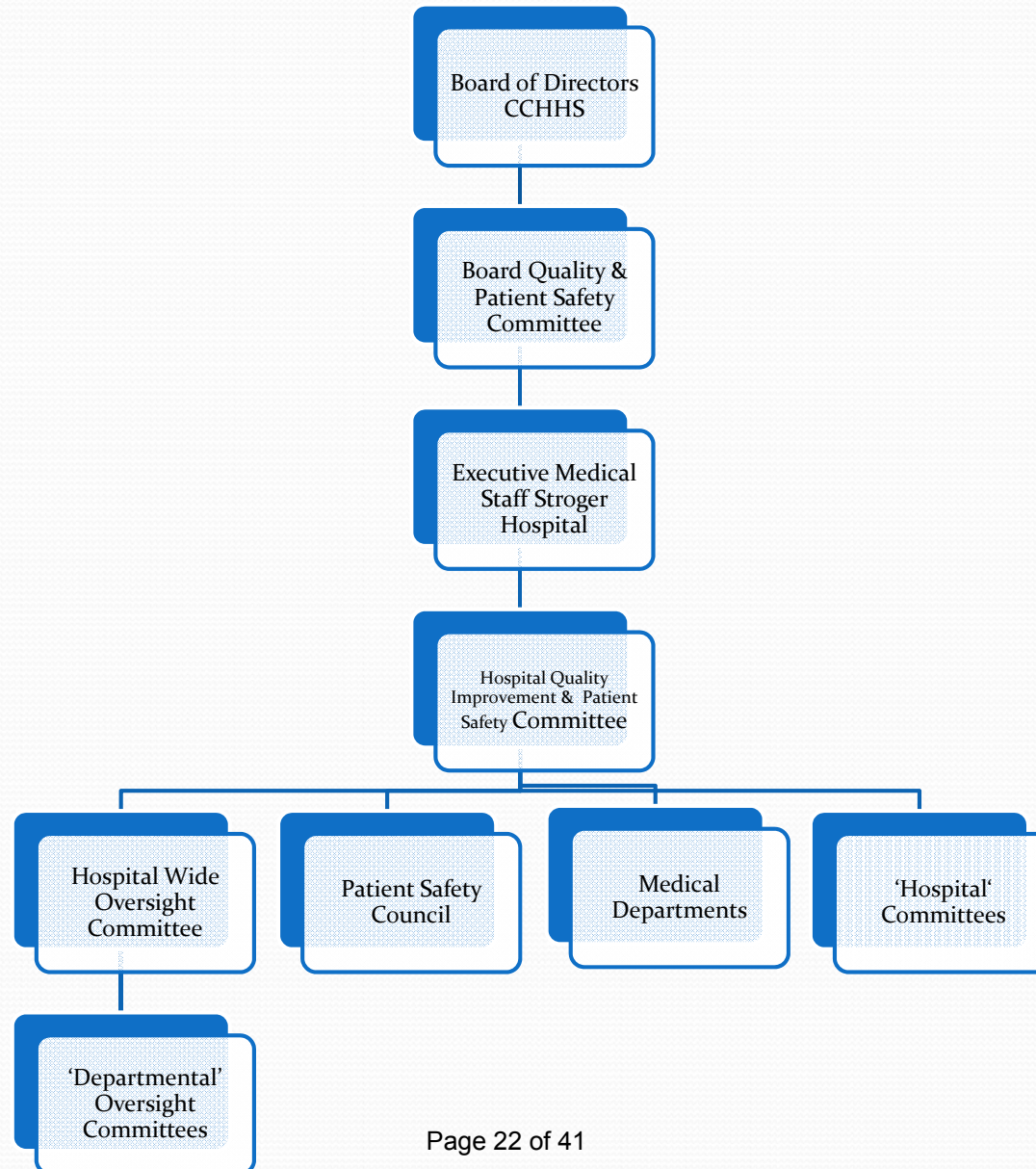
Creating a Learning Culture

Errors are Treasures
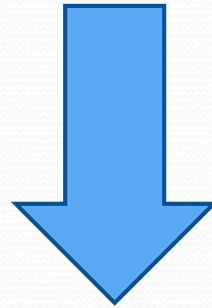
Translate errors into education.

The Evolution to a Safety Culture

Evolution from the 'person' to 'systems' approach

The 'Person' Approach:

- Who did it?
- Focus on an individual
- Reactive
- No communication
- Silence about events
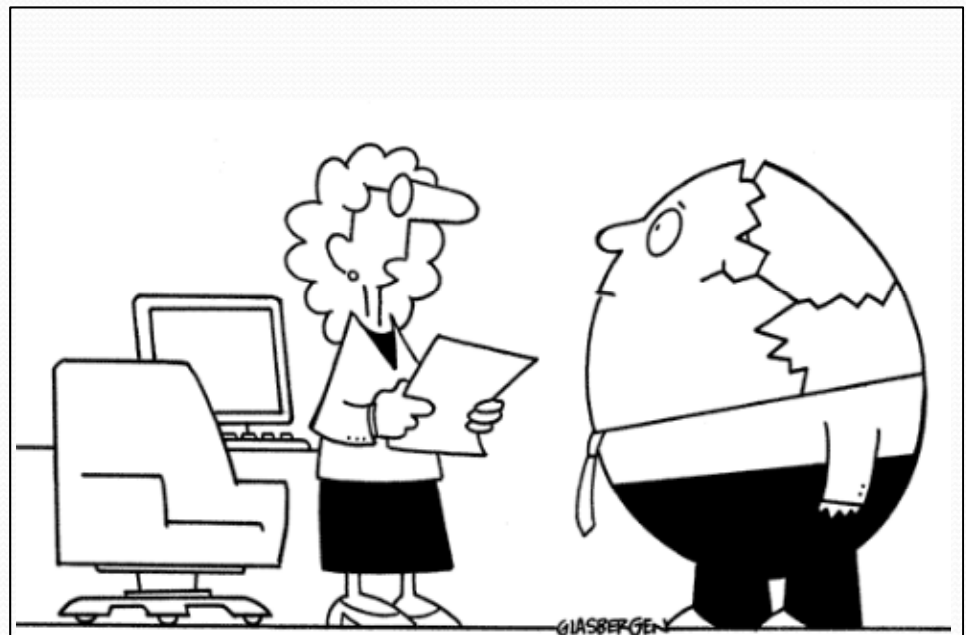
"You're a good employee, Humpty,
but you need to learn to listen.
I said, 'Don't fall.'"

Orientation toward 'systems' view

"Here Humpty! Put on this helmet."

The 'Systems' View:

- What happened?
- Focus on the system
- Proactive
- Open communication
- Honest disclosure

Goal: Balance Safety & Accountability

- Improving patient safety is about changing the culture from one of blame to one where we examine our processes and systems to reduce the opportunities for mistakes.

- Not **_WHO_** caused the incident but **_WHAT_** caused the incident.
- Individual accountability is not erased

'Blame free' culture versus 'Just culture'

Accountability

Blame Free
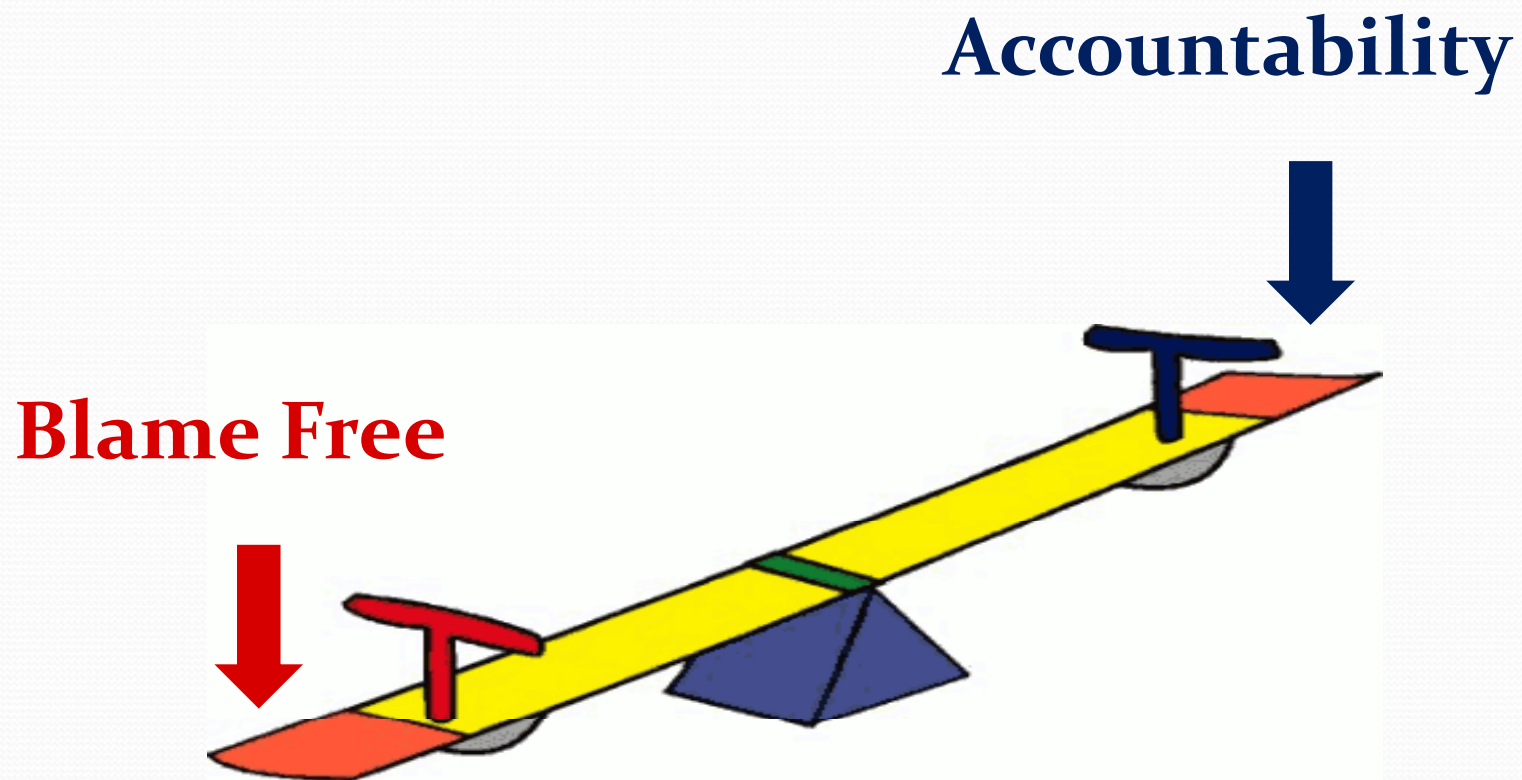
"Good Catch" Program

- A patient safety initiative to encourage staff to identify and report potential system errors before they reach the patient and cause harm.
- The program will recognize staff for identifying such "good catches" and key findings will be shared across the organization.

GOALS:

- Strengthen the culture of safety
- Allow staff to be recognized for their contributions
- Create a learning culture through a non-punitive environment

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OBJECTIVE:	GOAL:	Q3 2014	Q4 2014	Q1 2015
		ACTION PLAN:		
1. Create Systems that anticipate errors & either prevent or catch them before they cause harm.	a. Enhance retrospective chart review process. b. Establish an automated surveillance process. c. Conduct a proactive risk assessment in a high risk area.		Complete an in-depth analysis of risk point utilizing the methods of FMEA.	**Implement Trigger Tools.** Develop automated surveillance reports in Cerner.
2. Establish Structures for reporting and a process for managing reports in the event reporting system.	a. Implement new electronic Voluntary Reporting System & participate in Patient Safety Organization. b. Develop a structure to educate employees system-wide of the process for reporting hazards, errors and adverse events. c. Establish a process for providing feedback regarding reported events.	Implemented e-MERS & PSO with UHC.	Create process for reviewing & closing reports in e-MERS. Increase number of events reported by 10%. Create process for communicating outcome of reported events.	
3. Develop a Culture of Safety where providers feel safe and supported when they report medical errors or near misses & voice concerns about patient safety.	a. Provide education on patient safety plan that emphasizes importance of blending a systems focus with appropriate individual accountability. b. Establish a recognition program that rewards safe practices. c. Improve overall perceptions of safety as measured by the Culture of Safety Survey.		Educate Medical staff, Hospital Wide Oversight & the Quality Committees on the objectives and goals of the patient safety plan. Include patient safety presentation in monthly New Employee Orientation. Develop 'Great Catch' awards program. Re-evaluate culture of safety and develop action plan.	
4. Establish Safety Priorities & Targets.	a. Develop Patient Safety Dashboard that includes national measures and benchmarks. b. Facilitate the development of action plans associated with measures not meeting benchmarks. c. Assess and improve processes related to hand-off, transition and communication	Complete 2014 Leapfrog Safety Survey. Develop method to track & report departmental progress and compliance of RCA action plans.	Present Patient Safety Dashboard monthly to Hospital Wide Oversight Committee. Establish & implement a plan to improve performance of each leap.	
5. Charter Safety Programs through teams, workgroups or projects.	a. Coordinate Improvement Efforts in order to ensure that capital, people, facilities & technologies are matched to strategic priorities for safe practices. b. Reduce and eliminate variation in care.	Establish workgroups focused on medication safety, reducing patient falls & hospital acquired pressure ulcers. Revise or develop policies, procedures and protocols.	Establish Patient Safety Council.	

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Questions

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ATTACHMENT #2

John H. Stroger, Jr. Hospital of Cook County

Medical Staff and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Agnew, Sonya P., MD Appointment Effective:	Surgery/Orthopaedic July 22, 2014 thru July 21, 2016	Consulting Physician
Alebich, Michael M., DO Appointment Effective:	Medicine/Hospital Medicine July 22, 2014 thru July 21, 2016	Voluntary Physician
Bamba, Sonya, MD Appointment Effective:	Surgery/Ophthalmology July 22, 2014 thru July 21, 2016	Active Physician
Bhathia, Ramona, MD Appointment Effective:	Medicine/Infectious Disease - Core July 22, 2014 thru July 21, 2016	Consulting Physician
Chouksey, Sonam M., MD Appointment Effective:	Medicine/Hospital Medicine July 22, 2014 thru July 21, 2016	Voluntary Physician
Claus, Jonathan A., MD Appointment Effective:	Medicine/Infectious Diseases July 22, 2014 thru July 21, 2016	Voluntary Physician
Dobrilovic, Nikola, MD Appointment Effective:	Surgery/Cardiothoracic July 22, 2014 thru July 21, 2016	Voluntary Physician
Farlow, Erin, MD Appointment Effective:	Surgery/Vascular July 22, 2014 thru July 21, 2016	Active Physician
Fox, Jacob H., MD Appointment Effective:	Medicine/Neurology July 22, 2014 thru July 21, 2016	Voluntary Physician
Haddadin, Ramez, MD Appointment Effective:	Surgery/Ophthalmology July 22, 2014 thru July 21, 2016	Active Physician
Jabbar, Umair M., MD Appointment Effective:	Medicine/General Medicine July 22, 2014 thru July 21, 2016	Active Physician
Lee, Jhee U., MD Appointment Effective:	Medicine/General Medicine July 22, 2014 thru July 21, 2016	Active Physician
Lee Noll, Kathryn M., MD Appointment Effective:	Medicine/General Medicine July 22, 2014 thru July 21, 2016	Active Physician
Milburn, Mason W., MD Appointment Effective:	Surgery/Orthopaedic July 22, 2014 thru July 21, 2016	Consulting Physician
Munoz Pena, Juan M., MD Appointment Effective:	Medicine/General Medicine July 22, 2014 thru July 21, 2016	Voluntary Physician
Nigatu, Abiy T., MD Appointment Effective:	Medicine/General Medicine July 22, 2014 thru July 21, 2016	Voluntary Physician
Nunez-Lopez, Richard A., MD Appointment Effective:	Medicine/General Medicine July 22, 2014 thru July 21, 2016	Voluntary Physician
Shah, Atman, MD Appointment Effective:	Medicine/Cardiology July 22, 2014 thru July 21, 2016	Voluntary Physician

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JULY 22, 2014

John H. Stroger, Jr. Hospital of Cook County
Initial Appointment Applications (continued)

Won, Sarah Y., MD Appointment Effective:	Medicine/Infectious Diseases July 22, 2014 thru July 21, 2016	Voluntary Physician
Yap, John Erikson L., MD Appointment Effective:	Medicine/Hospital Medicine July 22, 2014 thru July 21, 2016	Voluntary Physician

INITIAL APPOINTMENT NON-PHYSICIAN APPLICATIONS

Choi, Sophia E., PA-C With Rezai, Katayoun, MD Alternate Schwartz, David N., MD Effective:	Medicine/Infectious Diseases July 22, 2014 thru July 21, 2016	Physician Assistant
Chollampel, Elamma D., CNP With Garapati, Rajeev, MD Effective:	Surgery/Orthopaedic July 22, 2014 thru July 21, 2016	Nurse Practitioner
Huang, Ada, PA-C With Szatkowski, Jan Paul, MD Alternate Prieto, Jorge J., MD Effective:	Surgery/Orthopaedic July 22, 2014 thru July 21, 2016	Physician Assistant
Mason, Allison, PsyD Effective:	Psychiatry/Juvenile Detention Center July 22, 2014 thru July 21, 2016	Clinical Psychologist
Olorunfemi, Olatokunbo, CNP With McDunn, Susan H., MD Effective:	Medicine/Medicine Oncology July 22, 2014 thru July 21, 2016	Nurse Practitioner
Philip, Anitha, CNP With Hart, Peter, MD With Sattar, Payman, MD Effective:	Medicine/Nephrology/Hypertension July 22, 2014 thru July 21, 2016	Nurse Practitioner
Thomas, Manju J., CNP With Garapati, Rajeev, MD Effective:	Surgery/Orthopaedic July 22, 2014 thru July 21, 2016	Nurse Practitioner

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Al-Jindi, Piotr, MD Reappointment Effective:	Anesthesia August 26, 2014 thru August 25, 2016	Active Physician
Borna, Reza, MD Reappointment Effective:	Adult Anesthesia August 26, 2014 thru August 25, 2016	Active Physician
Kolesnikov, Igor, MD Reappointment Effective:	Pediatric Anesthesia August 26, 2014 thru August 25, 2016	Active Physician
Subieta Benito, Gunar, MD Reappointment Effective:	Anesthesia July 22, 2014 thru July 21, 2016	Active Physician

Item IV(B) – July 22, 2014
CCHHS Quality and Patient Safety Committee

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CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JULY 22, 2014

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John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Correctional Health Services

Howard, Jonathan, MD	Anesthesia	Active Physician
Reappointment Effective:	July 22, 2014 thru July 21, 2016	
Menezes, Ralph, MD	Adult Anesthesia	Active Physician
Reappointment Effective:	August 26, 2014 thru August 25, 2016	
Zawitz, Chad, MD	Pediatric Anesthesia	Active Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	

Department of Family Medicine

Abiona, Titilayo C., MD	ACHN	Active Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	
Green, Maya, MD	CORE	Active Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	
Khospropour, Andrea, MD	ACHN	Active Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	
LaGuerre,Immirne Monet, MD	ACHN	Active Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	
Lyn, Whitney, MD	ACHN	Active Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	
Norberg Lopez, Josie, MD	ACHN	Active Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	

Department of Medicine

Aluen-Metzner,Irene, MD	General Medicine	Active Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	
Aziz, Mariam S., MD	Infectious Diseases	Voluntary Physician
Reappointment Effective:	August 26, 2014 thru August 25, 2016	
Cohen, Mardge, MD	General Medicine	Voluntary Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	
Conway Terrence, MD	General Medicine	Voluntary Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	
Gordon, Melanie J., MD	General Medicine	Active Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2015	
Ilie, Ionut O., MD	General Medicine	Active Physician
Reappointment Effective:	August 26, 2014 thru August 25, 2016	
Jolly, Meenakshi A., MD	Rheumatology	Voluntary Physician
Reappointment Effective:	July 22, 2015 thru July 24, 2016	
Joshi, Amit J., MD	Nephrology/Hypertension	Active Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications
Department of Medicine (continued)

Lemon, Maurice R., MD Reappointment Effective:	General Medicine August 9, 2014 thru August 8, 2016	Voluntary Physician
Licht, Sherry D., MD Reappointment Effective:	General Medicine August 9, 2014 thru August 8, 2016	Active Physician
Mackie, Orlando B., MD Reappointment Effective:	General Medicine August 26, 2014 thru August 25, 2016	Active Physician
Oyedele, Temitope O., MD Reappointment Effective:	Infectious Disease August 21, 2014 thru August 20, 2016	Active Physician
Pierre-Louis, Serge, MD Reappointment Effective:	Neurology August 9, 2014 thru August 8, 2016	Active Physician
Rafiq, Asad, MD Reappointment Effective:	General Medicine August 21, 2014 thru August 20, 2016	Active Physician
Samuel, Jacob, MD Reappointment Effective:	Pulmonary/Critical Care August 9, 2014 thru August 8, 2016	Active Physician
Warrior, Lakshim, MD Reappointment Effective:	Neurology August 21, 2014 thru August 20, 2016	Active Physician

Department Of Oral Health

Balla, Leszek A., DDS Reappointment Effective:	ACHN August 14, 2014 thru August 13, 2016	Active Dentist
Couch, Clarissa, DDS Reappointment Effective:	ACHN August 14, 2014 thru August 13, 2016	Active Dentist
Lightfoot, Lori Remine, DDS Reappointment Effective:	ACHN August 14, 2014 thru August 13, 2016	Active Dentist
Prozorovsky, Thomas, DDS Reappointment Effective:	Correctional Health Services August 9, 2014 thru August 8, 2016	Active Dentist

Department of Obstetrics and Gynecology

Hansbrough, Valerie, MD Reappointment Effective:	Ob/Gyne August 9, 2014 thru August 8, 2016	Affiliate Physician

Department of Pediatrics

Ellis-Pelletier, Amanda, DO Reappointment Effective:	Peds Critical Care August 21, 2014 thru August 20, 2016	Voluntary Physician
Giordano,Lisa, MD Reappointment Effective:	Peds Hematology/Onocology August 21, 2014 thru August 20, 2016	Active Physician
Kane, Jason Marc, MD Reappointment Effective:	Critical Care Unit August 21, 2014 thru August 20, 2016	Voluntary Physician

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications
Department of Pediatrics (continued)

Speed, Curtis, MD Reappointment Effective:	ACHN August 21, 2014 thru August 20, 2016	Active Physician
Tobin, Mary C., MD Reappointment Effective:	Allergy/Immunology August 26, 2014 thru August 25, 2016	Voluntary Physician

Department of Psychiatry

Lahijani, Sheila, MD Reappointment Effective:	Psychiatry August 9, 2014 thru August 8, 2016	Active Physician
Williams, Adedapo, MD Reappointment Effective:	Adult Ambulatory July 22, 2014 thru July 21, 2016	Active Physician

Department of Radiology

Marshall, Robert, MD Reappointment Effective:	Radiology/Oak Forest August 21, 2014 thru August 20, 2016	Voluntary Physician

Department of Surgery

Blumetti, Jennifer, MD Reappointment Effective:	Colon/Rectal August 26, 2014 thru August 25, 2016	Active Physician
Bork, Jeffrey L., MD Reappointment Effective:	Breast Oncology July 22, 2014 thru July 21, 2016	Voluntary Physician
Canning, John R., MD Reappointment Effective:	Urology August 09, 2014 thru August 08, 2016	Voluntary Physician
Conley, David B., MD Reappointment Effective:	Otolaryngology August 09, 2014 thru August 08, 2016	Active Physician
Durham, Joseph R., MD Reappointment Effective:	Vascular Surgery August 25, 2014 thru August 24, 2016	Active Physician
Galang, Maria Therese S., DMD Reappointment Effective:	Oral & Maxillofacial July 22, 2014 thru July 21, 2016	Consulting Dentist
Hasan, Jafar S., MD Reappointment Effective:	Plastic Surgery August 09, 2014 thru August 08, 2016	Active Physician
Heffez, Leslie B., MD Reappointment Effective:	Oral & Maxillofacial August 09, 2014 thru August 08, 2016	Voluntary Physician
Hollowell, Courtney M.P., MD Reappointment Effective:	Urology August 09, 2014 thru August 08, 2016	Active Physician
Lygizos, Nicholas A., MD Reappointment Effective:	Otolaryngology August 09, 2014 thru August 08, 2016	Consulting Physician
McDonald, Sarah F., MD Reappointment Effective:	Otolaryngology August 21, 2014 thru August 20, 2016	Active Physician

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Trauma

Nagy, Kimberly K., MD   Research & Education   Active Physician
Reappointment Effective: July 22, 2014 thru July 21, 2016

Renewal of Privileges for Non-Medical Staff

Falola, Eto I., CNP   Ob/Gyne   Nurse Practitioner
With Malapati, Radha, MD
Effective: August 09, 2014 thru August 08, 2016

Renewal of Privileges for Non-Medical Staff

Mathew, Lizamma, CNP   Medicine/Adult Cardiology   Nurse Practitioner
With Garapati, Rajeev, MD
Effective: August 09, 2014 thru August 08, 2016

Naftzger-Kang, Lisa A., CNP   Surgery/Colon/Rectal   Nurse Practitioner
With Cintron, Jose R., MD
Effective: August 09, 2014 thru August 08, 2016

Panarese, Mark J., CRNA   Anesthesiology   Nurse Anesthetist
Effective: July 22, 2014 thru July 21, 2016

Stadnicki, Charistopher R., PA-C   Correctional Health Services   Physician Assistant
With DeFuniak, Andrew Q., MD
Alternate Mennelle, Concetta C., MD
Effective: July 22, 2014 thru July 21, 2016

Swanson,Robert, PhD   Child Adolescent   Clinical Psychologist
Effective: July 22, 2014 thru July 21, 2016

Agreement Items

Gates, Valeria CNP   Medicine/General Medicine   Nurse Practitioner
With Ngu, Lawrence N., MD
Effective: July 22, 2014 thru November 19, 2015

Obilor, Isabel O., CNP   Family Medicine/ACHN   Nurse Practitioner
With Ogale, Manisha J., MD
Effective: July 22, 2014 thru November 11, 2015

Soriano, Alexandrea, PA-C   Medicine/General Medicine/ACHN   Physician Assistant
With Papiez, Gregory R., MD
Alternate Rodriguez, Sergio H., MD
Effective: July 22, 2014 thru January 26, 2015

Prescriptive Authority Items

Witman, Elizabeth R., PA-C   Medicine/Adult Cardiology   Physician Assistant
With Kelly Russell F., MD
Alternate Sattar, Payman., MD
Effective   July 22, 2014 thru January 27, 2016

John H. Stroger, Jr. Hospital of Cook County (continued)

Medical Staff Status Change with no Change in Privileges

Bieniarz, Andre, MD	Obstetrics and Gynecology	From Active to Voluntary Physician
Garcia, Marlon Diaz, MD	Medicine/Hospital Medicine	From Active to Voluntary Physician
Kimball, Deborah, MD	Emergency Medicine	From Active to Voluntary Physician
Makar, Emil, MD	Medicine/ACHN	From Active to Voluntary Physician
Roger, Susan, MD	Medicine/Hospital Medicine	From Active to Voluntary Physician

Medical Staff Additional Clinical Privileges

Lamattina, Kara, MD	Increase to CORE Ophthalmology from Service/Screening Clinical Privileges and category change to Voluntary

Item IV(B) – July 22, 2014
CCHHS Quality and Patient Safety Committee   7

Provident Hospital of Cook County

Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Kingsley, Samuel S., MD Appointment Effective:	Surgery/General Surgery July 22, 2014 thru January 27, 2016	Affiliate Physician

REAPPOINTMENT APPLICATIONS

Department of Clinical Laboratory/Pathology

Papari, Mona, MD Reappointment Effective:	Pathology August 9, 2014 thru January 28, 2016	Affiliate Physician
Sekosan, Marin, MD Reappointment Effective:	Pathology August 9, 2014 thru February 25, 2016	Affiliate Physician

Department of Emergency Medicine

Ampalloor, Sheba, MD Reappointment Effective:	Emergency Medicine August 9, 2014 thru August 8, 2016	Active Physician
Colbert, Christopher M., DO Reappointment Effective:	Emergency Medicine August 9, 2014 thru August 8, 2016	Active Physician
Murphy, Michael, DO Reappointment Effective:	Emergency Medicine August 21, 2014 thru August 20, 2016	Active Physician
Smith, Bridgette F., MD Reappointment Effective:	Emergency Medicine August 9, 2014 thru August 8, 2016	Active Physician

Department of Internal Medicine

Leake, Angel D., MD Reappointment Effective:	Infectious Disease July 22, 2014 thru July 21, 2016	Active Physician
Rafiq, Asad, MD Reappointment Effective:	Gastroenterology August 21, 2014 thru August 20, 2016	Affiliate Physician
Vyas, Jyotin Reappointment Effective:	Internal Medicine August 9, 2014 thru August 8, 2016	Active Physician
Warrior, Laskhmi., MD Reappointment Effective:	Neurology October 16, 2014 thru October 15, 2016	Affiliate Physician

Department of Obstetrics and Gynecology

Hansbrough, Valerie, MD Reappointment Effective:	Ob/Gyne August 9, 2014 thru August 8, 2016	Active Physician

Provident Hospital of Cook County
Reappointment Applications (continued)

Department of Surgery

Canning, John R., MD	Surgery/Urology	Voluntary Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	
Hasan, Jafar S., MD	Surgery/General Surgery	Affiliate Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	
Hollowell, Courtney M.P., MD	Surgery/Urology	Affiliate Physician
Reappointment Effective:	August 9, 2014 thru August 8, 2016	

Telemedicine Privilege Requests

Bold, Jonathan, MD	Radiology/Virtual Radiologic	Active Teleradiologist
Reappointment Effective:	August 21, 2014 thru August 20, 2016	
Fassihi, Amir, MD	Radiology/Virtual Radiologic	Active Teleradiologist
Reappointment Effective:	August 21, 2014 thru August 20, 2016	
Parkey, Joe, MD	Radiology/Virtual Radiologic	Active Teleradiolgoist
Reappointment Effective:	August 21, 2014 thru August 20, 2016	

Non-Medical Staff Privileges

Fung, Sharon C., CNS	Internal Medicine	Clinical Nurse Specialist
With Mallick, Naveed K., MD		
Effective:	July 22, 2014 thru July 21, 2016	